

Foster Family Home - Corrective Action Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-6

91-929 Pailani Street

Reviewer: Lisa Johnson

Ewa Beach

HI 96706

Begin Date: 5/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 5/28/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/28/19.

Foster Family Home

Background Checks

[11-800-8]

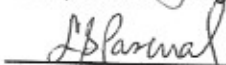
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

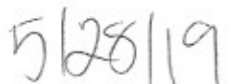
8.a.2 CG# 4 has a lapse in APS/CAN, due date was 4/20/2019 and it was completed on 5/2/19.



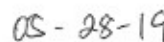
Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Leslie Pascual

CCFFH Address: 91-929 Pailani St. Ewa Beach, HI. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.9.2	Lapse cannot be corrected	5/29/19	Home understands the importance of perpetrator checks and will input in calendar in phone to remind home of due dates.

Primary Caregiver's Signature: LPascual

Print Name: Leslie Pascual

Date of Signature: 05-28-19